

State Assessors Board

Petition to Revoke an Assessment Administration Certificate

This form is issued under authority of Administrative Rule R 211.401. Filing of this petition is voluntary.

Michigan Department of Treasury
State Assessors Board
Lansing, MI 48922

PLEASE PRINT OR TYPE

1. Name of Petitioner	FOR USE BY THE STATE ASSESSORS BOARD
2. Address (No. and Street or P.O. Box)	
City, State, ZIP Code	
3. Area Code and Telephone Number (Between 8 a.m. and 5 p.m. weekdays) ()	
4. Name of Certified Individual	
5. Assessment Unit <input type="checkbox"/> City of <input type="checkbox"/> Township of	
6. County	
7. Other	PETITION NO.
DATE MAILED	
DATE RETURNED	
8. Did you protest your 20_____ assessed valuation to the Board of Review? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Did you appeal your 20_____ assessed valuation to the Michigan Tax Tribunal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. If a hearing is held based on this petition, will you testify at such hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Describe in detail those specific actions you believe were not in accordance with law or rule. (Attach additional sheets if necessary.)	

11. CONTINUED

I hereby certify that this petition, including any attachments, is complete and true to the best of my knowledge and belief.

12. Petitioner's Signature

Date